Effective October 1, 2000												
CLAIMS AS FILED - PART (Column 1)					(Colu	mn 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			64				1	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		133	BASIC FEE	355.00	ÓR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			6 4 minus 20=		. 44			X\$ 9=		QR	X\$18=	1201.00
INDEPENDENT CLAIMS			/8 minus 3 =				64	X40=	hales \$2755	KÇ. OR	X80= ✓	712.0
	LTIPLE DEPEN	10								· · ·		
	the difference	in column 4 to 1	loce then -	ero ente	r "O" in o	"0" in column 2		+135=		OR	+270=	100 at 15
* If the difference in column 1 is less than zero, enter CLAIMS AS AMENDED - PART						muilli E		TOTAL		OR	TÖTAL	1111 A A A
CLAIMS AS A (Column 1)			MENDE	D - PAR (Colu				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	•••]=]	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				TCLAIM		1	+135=		OR	+270=	
								TOTAL	 	ا أ	TOTAL	
		(Column 1)		(Coh:	ımn 2)	(Column 3)		ADDIT. FEE		J~'`	ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***]=		X40=		OR	X80=	
4	FIRST PRESE	NTATION OF M	ULTIPLE DI	EPENDEN	IT CLAIN		L	+135=		OR	+270=	
							l	TOTAL		OR	TOTAL	
		10.		10.1	ıma Ol	(Coh		ADDIT. FEE		1 017	ADDIT. FEE	:
		(Column 1)			umn 2) HEST	(Column 3	ኅ .		455:	1		1000
AMENDMENT C		REMAINING AFTER AMENDMENT		NUI PREV	MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	••		-	7	X\$ 9=	, <u></u>	OR	X\$18=	<u> </u>
	Independent		Minus	•••		=		X40=		1	Y00	
	FIRST PRESE	ENTATION OF M	IULTIPLE D	ULTIPLE DEPENDEN		4]	A-10=	 	OR		
					IA			+135=		OR		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE		
••	"If the "Highest No	umber Previously F mber Previously Pa	Paid For" IN T	THIS SPACE	E is less th	han 3. enter "3."	."			ox in $lpha$		

Application or Docket Number

Same